

Title II Part D Monthly Report Form

Report period: _____ (e.g.) June 1 – July 1, 2007)

ESA Number/District Name: _____

Project Contact: (Name) _____

(Phone) _____

Project Title: _____

Professional Development Schedule

Please fill in the Professional Development (PD) matrix with all professional development that has occurred in the current report period. If no professional development has occurred during the report period, please mark that below in the checkbox provided.

| Date of PD | Location of PD | Number of Attendees | Name of Presenter |
|------------|----------------|---------------------|-------------------|
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No professional development occurred during the current report period.

Please list any professional development scheduled for next month. Please indicate the date, time and location.

| Date of PD | Location of PD | Time of PD | Title or focus of PD |
|------------|----------------|------------|----------------------|
| | | | |

Formative Evaluation

If no formative evaluation occurred during the current report period, go to question 4.

1. Describe the formative evaluation that occurred during the current report period. What tool(s) were used to determine measurable impact? (i.e. grade reporting percentages in math, science, and/or reading/language arts)
2. What implications were revealed as a result of the formative data collected?
3. As a result of the formative data collection, what adjustments have you made in your professional development work?
4. Can the DOE or the State Evaluation Team members be of any assistance to you in this process? If so, in what way?

Please send copies of this completed report to:

Peg Henson
Peg.henson@state.sd.us
605-773-2489

Your State Evaluation Team Member Contact Person
Contact Information